

REFERENCE FORM

Date: _____

To: _____

Re: _____
(Applicant 1)

(Applicant 2)

Your name has been given by the above named applicant(s), who has applied to become a foster/adoptive parent with the _____ County Department of Family and Children Services (DFCS). Our agency is responsible for completing an assessment on all applicant(s). The purpose of this assessment is to determine if this family can provide a safe and nurturing home environment for a child in the custody of DFCS. Your reference will be used as a part of the applicant(s) assessment.

1. What is your relationship to the applicant(s)?

2. How long have you known the applicant(s)?

3. If the applicants are a couple, please describe their relationship:

4. To your knowledge, what kind of experience does the applicant(s) have with children? (i.e., childcare, parenting)

REFERENCE FORM

5. What do you think is the applicant(s) greatest asset or skill in parenting?

6. Please describe ways in which you have observed the applicant(s) discipline child(ren):

7. To your knowledge, has the applicant(s) demonstrated any behaviors that cause you concern?

☐ Yes ☐ No If yes, please explain: _____

8. The following is a list of problem behaviors. Have you witnessed, or do you have knowledge that any of these behaviors have been a problem for the applicant(s)?

	Applicant 1	Applicant 2
	Name: _____	Name: _____
Alcohol/drug abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violent behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compulsive gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deviant sexual behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poor money management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you checked "yes" to any of the above issues, please provide details:

REFERENCE FORM

9. How well do you think the family will adjust to fostering or adopting a child?

☐ Very well

☐ Well

☐ Somewhat well

☐ Not very well

☐ I do not know

10. Do you think the applicant(s) has the ability to manage any problems associated with fostering or adopting, should any arise?

☐ Yes

☐ No

If no, please explain: _____

11. How comfortable would you feel allowing the applicant(s) to care for your child permanently if you were unable to do so?

☐ Very comfortable

☐ Comfortable

☐ Somewhat comfortable

☐ Uncomfortable

☐ Very uncomfortable

☐ Not applicable

12. Do you know of any reason why this applicant would not serve well as a foster/adoptive parent?

☐ Yes

☐ No

If yes, please explain: _____

13. I _____ (☐ recommend / ☐ do not recommend) the applicant(s) as a resource for your agency. (Check one)

Additional comments:

Signature of reference or individual conducting interview